

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022537

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

119

Primary Registration District No.

4193

Registrar's No.

39

FILED JUN 25 1962

1. PLACE OF DEATH

a. COUNTY

GASCONADE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

HERMANN

Length of stay in 1b

2 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

W. 1st. St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

FRANKLIN

Inside Limits

Yes ☐ No ☒c. CITY
OR TOWN

BERGER

d. STREET ADDRESS (If outside, give location)

2 Mi. W. of Berger

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LeRoy

William

Sellenschutter

4. DATE
OF DEATH

Month

Day

Year

June

14,

1962

5. SEX

Male

6. COLOR OR RACE

Cau.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-16-1966

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lay-Assistant

10b. KIND OF BUSINESS OR INDUSTRY

Ministry

11. BIRTHPLACE (City and state or country)

Hermann, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. C. Sellenschutter

13b. MOTHER'S MAIDEN NAME

Melind Dothage

14. NAME OF HUSBAND OR WIFE

Marie Kolk Sellenschutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W. II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Marie Sellenschutter-Berger, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

VENTRICULAR FIBRILLATION

INTERVAL BETWEEN
ONSET AND DEATH

1 MIN

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

RHEUMATIC HEART DISEASE

7 YRS.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1957, to 6-14-62 and last saw her alive on 5-24-62
Death occurred at 9 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George M Workman M.D.

22b. ADDRESS

HERMANN, MO

22c. DATE SIGNED

6-16-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

June 17, 62

23c. NAME OF CEMETERY OR CREMATORY

St. Joseph's Cemetery

23d. LOCATION (City, town, or county)

Rhineland, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Herman Blumer, Inc.--Hermann, Mo.

25. DATE RECD. BY LOCAL REG.

6-16-62

26. REGISTRAR'S SIGNATURE

Helma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0371

2 0360

3

4 0

5 1

6

7 0

8 2

9 416X

10

11

12 90-0

13 1-0

JUN 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Robert W. Blumer

Licensed Embalmer No. _____

5055

P. O. Address _____

Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.